Arizona Department of Health Services

Arizona Immunization Program Office
Vaccines Management Center
Voice: (602) 364-3642
FAX: (602) 364-3276

Vaccine Order/Reporting Form

PIN:

******Please complete all sections. Order forms missing information will not be processed. ******

Practice/Provider Name:	Area Code & Phone Number:	Date logs begin:	Date logs end:
Provider's Contact Name:	Area Code & Fax number:		

Total number of eligible children who have received VFC vaccine during the above time frame

KidsCare	AHCCCS	Uninsured	Native American/Alaskan Native	Underinsured	Non VFC Eligible

Vaccine Name		Doses Administered	Doses on Hand	Manufacturer/Choice ** Place an X in the box of your choice	Doses Requested
DTaP	6 wks - 6 yrs			☐ GSK – Infanrix ……..…. ☐ syringes ☐ vials ☐ Sanofi – Daptacel ……..….. vials only	
DTaP/HepB/IPV	6 wks - 6 yrs			☐ GSK – Pediarix™…….....syringes only	
DTaP/IPV/Hib	6 wks - 4 yrs			☐ Sanofi – Pentacel®…….vials only	
DTaP/IPV	4 yrs - 6 yrs			☐ GSK - Kinrix®……...☐ syringes ☐ vials	
Hib	6 wks - 4 yrs			☐ Merck – Pedvax …… vials only ☐ Sanofi – ActHib……..… vials only	
Hib-booster dose only	15 mo - 4 yrs			☐ GSK – Hiberix -15 mo. – 4 yrs –ONLY……. vials only	
Hep A	12 mo - 18 yrs			☐ GSK – Havrix….....☐ syringes ☐ vials ☐ Merck – Vaqta……..……...vials only	
Hep B- PF (3 dose)	Birth - 18 yrs			☐ GSK – Engerix.....☐ syringes ☐ vials ☐ Merck –Recombivax….. ….....vials only	
Human Papillomavirus HPV	11 yrs - 18 yrs			☐ GSK – Cervarix-HPV2……...☐ syringes ☐ vials ☐ Merck - Gardasil®-HPV4….....vials only	
e-IPV	6 wks - 18 yrs			☐ Sanofi – IPOL …….....vials only	
MMR	12mo - 18 yrs			☐ Merck – MMRII…….vials only	
MeningococcalConjugate MCV4	10 yrs -18yrs 10 yrs - 18yrs			☐ Sanofi – Menactra…….....vials only ☐ Novartis – Menveo……..... vials only	
Pneumococcal Polysaccharide PPV 23	2 yrs - 18 yrs			☐ Merck - Pneumovax 23……vials only	
Pneumococcal Conjugate PCV-13	6 wks - 5 yrs			☐ Wyeth/Lederle- Prevnar 13……..syringes only	
Rotavirus	6 wks - 32 wks			☐ GSK - Rotarix® - RV 1…….oral applicators ☐ Merck - RotaTeq® RV 5 ……..tubes	
Td	7 yrs -18 yrs			☐ Sanofi-Decavac ……..….☐ syringes ☐ vials	
Tdap	7 yrs - 18 yrs 7 yrs - 18 yrs			☐ Sanofi – Adacel….....☐ syringes ☐ vials ☐ GSK – Boostrix….....☐ syringes ☐ vials	
Varicella	12 mo - 18 yrs			☐ Merck – Varivax ……..…vials only	
Other- please write the name of vaccine				please write the name of vaccine	
Other- please write the name of vaccine				please write the name of vaccine	
Available for Peri-natal Program & Birthing Hospitals only				☐ Bayer - HBIG	

****VFC will honor your choice based on vaccine availability. Temperature log must be faxed to the VFC office monthly** Revised March 29, 2011

Reminder: Refrigerated vaccines have up to a 10 business day delivery time. Varicella has up to a 4 week delivery time and must have dry ice in the container upon delivery.